

REQUEST FOR VENDOR MAINTENANCE

Send completed form as an e-mail attachment to psvendor@sao.ga.gov. **All requests will be processed within 24 hours of receipt.** If you have questions, please call the Financials Systems Help Desk at (404) 657-3956 or (888) 896-7771.

IS THIS A NEW ADDRESS OR A CHANGE OF ADDRESS?

If a change of address, which address is to be changed?

VENDOR NUMBER:		TIN/EMPL ID:	
CURRENT VENDOR NAME:(as shown on Summary Panel)			
ADDRESS:			
CITY:	STATE:	POSTAL CODE:	COUNTRY:
PHONE NUMBER:		FAX NUMBER:	
PAYMENT ALTERNATE NAME: (Use if check is to be payable in a different name):			
ADDITIONAL INFORMATION:			
EFT INFORMATION: Bank Account #		Routing #:	
SUBMITTED BY:		PHONE NUMBER:	

Instructions for Completion:

1. Check the appropriate box to indicate a new address or a change of address.
2. Include Vendor name **and** Vendor number on all requests.
3. Use the ADDITIONAL INFORMATION section for other changes not identified on this form.
4. Include Name and phone number of person submitting request.
5. If the request is to change the vendor name, follow up your e-mail request by faxing **ONLY** the supporting documentation to (404) 463-5089. **Please include a fax cover sheet.**
Acceptable documentation should include one or more of the following:
 - a. Copies of the legal name change papers from the Secretary of State's office
 - b. A letter from the vendor
 - c. IRS documentation (tax documents, FEI issuance letter, etc.)
 - d. A new W-9 completed by the vendor